## **Toxic Air Pollutant Emission Rates**

## **Instructions for Form M-3**

Form M-3 should be completed for each facility when a toxics review is required. A toxics review may be required due to a permit application, MACT applicability determination, or call by the Director.

**SITE NAME** - Identify the name of the facility.

**PREMISE #** - New and/or previously unpermitted facilities may leave this blank.

**SITE ADDRESS** - Identify the legal address at which this facility is located.

**CITY** - Identify the city, town, or postal jurisdiction in which the facility is located.

**ZIPCODE** - Identify the postal zip code for the area in which the facility is located.

**EMISSION POINT ID** - On this row, enter the identification for each point. These are column headings.

**POLLUTANT EMISSION DATA** - This section lists the pollutants involved in this review, their Chemical Abstract Service (ACAS@) number, and the averaging period. The first column is for the units of measurements selected (pounds per hour/pounds per day/pounds per year/tons per year/grams per second/kilograms per day/etc.). For pollutants with an annual averaging period, a maximum annual emission rate may be used with that being divided into 8760 hours to get the hourly emission rate for the model. For pollutants with a daily averaging period, a maximum daily emission rate may be used with that being divided into 24 hours to get the hourly emission rate for the model. For pollutants with an hourly averaging period, the maximum hourly emission rate must be used. Because of the different averaging periods, the same pollutant being discharged from the same emission point may have different hourly emission rates.



## SECTION M Toxic Air Pollutant Emission Rates

M-3
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SITE NAME:					PREMISE	PREMISE #:			
SITE ADDRESS:									
CITY:						ZIPCODE:			
TAP Emission Rates									
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Emission Point ID	(units)								
Pollutant Emission Data									
Toxic Air Pollutant (CAS Number) Averaging Period									